

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/216,457	12/18/98	704	2741	2207/6002

APPLICANT

JAY H. CONNELLY, PORTLAND, OR.

**\*\*CONTINUING DOMESTIC DATA\*\*\*\*\***

VERIFIED

One APP

**\*\*371 (NAT'L STAGE) DATA\*\*\*\*\***

VERIFIED

One APP

**\*\*FOREIGN APPLICATIONS\*\*\*\*\***

VERIFIED

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FOREIGN FILING LICENSE GRANTED 01/20/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged	<u>One APP</u> Examiner's Initials	Initials	OR	3	20	4

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TITLE	METHOD AND APPARATUS FOR REDUCING CONFLICTS BETWEEN SPEECH-ENABLED APPLICATIONS SHARING SPEECH MENU
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FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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APPLICANTS  JAY H. CONNELLY, PORTLAND, OR;  ** CONTINUING DATA *****  ** FOREIGN APPLICATIONS *****  IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 01/20/1999					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY OR	SHEETS DRAWING 3	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 4
ADDRESS 23838 KENYON & KENYON 1500 K STREET, N.W., SUITE 700 WASHINGTON, DC 20005					
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